

Care Management PCMH Committee

Person-Centered Medical Home
September 9, 2015

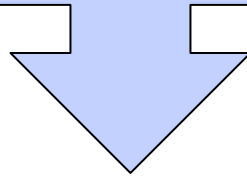


PCMH Program Status Update

***98 PCMH Program Participants**

357 Sites

1,304 Providers



69 PCMH Approved Practices

Recognized at
NCQA Level 2 or Level 3

17 Glide Path Practices

Working towards
NCQA recognition

14 PCMH Accredited Practices

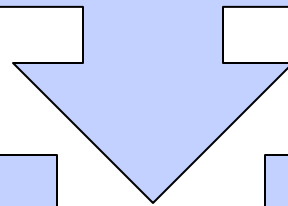
Includes FQHCs

*** Please Note: 2 Practices have sites in both PCMH & Glide Path Programs**

PCMH Program Status Update

69 PCMH Approved Practices

70 last reported – July 8, 2015
1 practice voluntarily termed



231 PCMH Approved Sites

227 last reported
7 added
3 termed

831 PCMH Approved Providers

911 last reported
19 added
99 termed

PCMH Program Status Update

17 Glide Path Practices

14 last reported – July 8, 2015
3 new practices added

23 Glide Path Sites

20 last reported
3 added

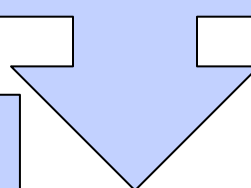
93 Glide Path Providers

88 last reported
5 added

PCMH Program Status Update

14 PCMH Accredited Practices

14 last report – July 8, 2015



**103 PCMH Accredited
Sites**

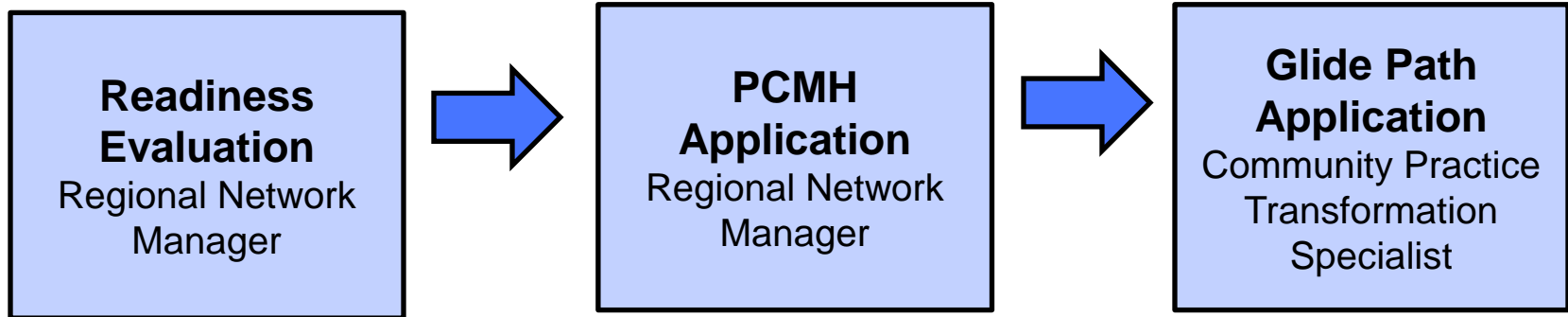
**380 PCMH Accredited
Providers**

- There are additional practices that could potentially enter the PCMH Accreditation Program in the near future.
- Recruitment efforts have begun & these practices are in the process of working with HP to complete all necessary requirements.

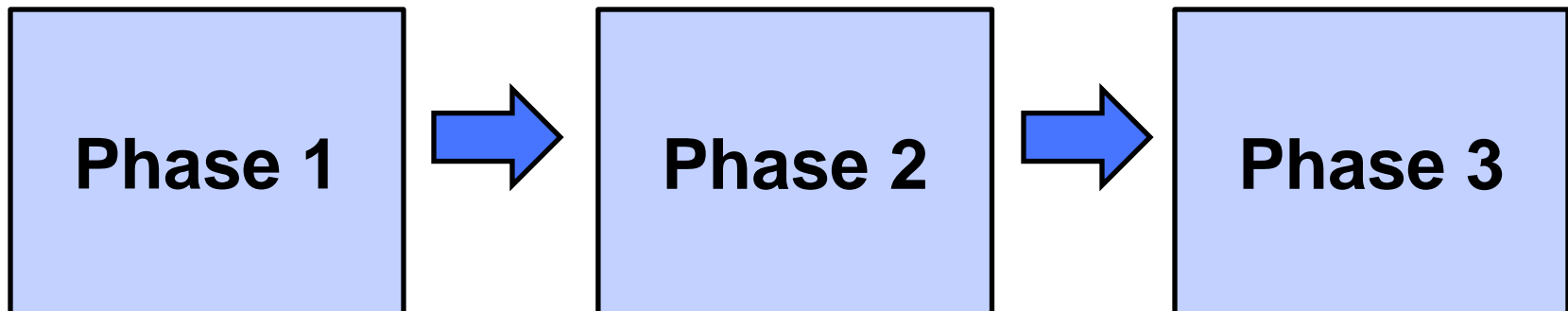
Federally Qualified Health Centers (FQHCs) are PCMH program participants if they are pursuing and/or obtained the Joint Commission Ambulatory Care accreditation with or without the Primary Care Medical Home certification as well as NCQA recognition at Levels 1, 2, or 3.

Glide Path Process

Pre-Glide Path Phase



Glide Path Phases





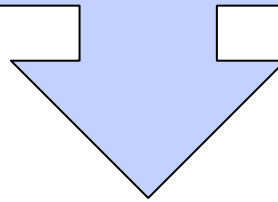
PCMH Program “Pre-Glide Path” Phase

- The CPTS Team provides hands on assistance even before a practice is approved for Glide Path or decides to come into the program.
- Pre-Glide Path Phase consists of the following:
 - Evaluation of readiness in adherence to NCQA and PCMH
 - Ongoing education of NCQA & PCMH
 - Continuous support to practices via phone, email and on site visits
- The purpose of this phase is to help practices identify program requirements and determine practices readiness.
- Based on practice needs, the time frame may vary from 3 months to 1 year.

PCMH Program “Pre-Glide Path” Update

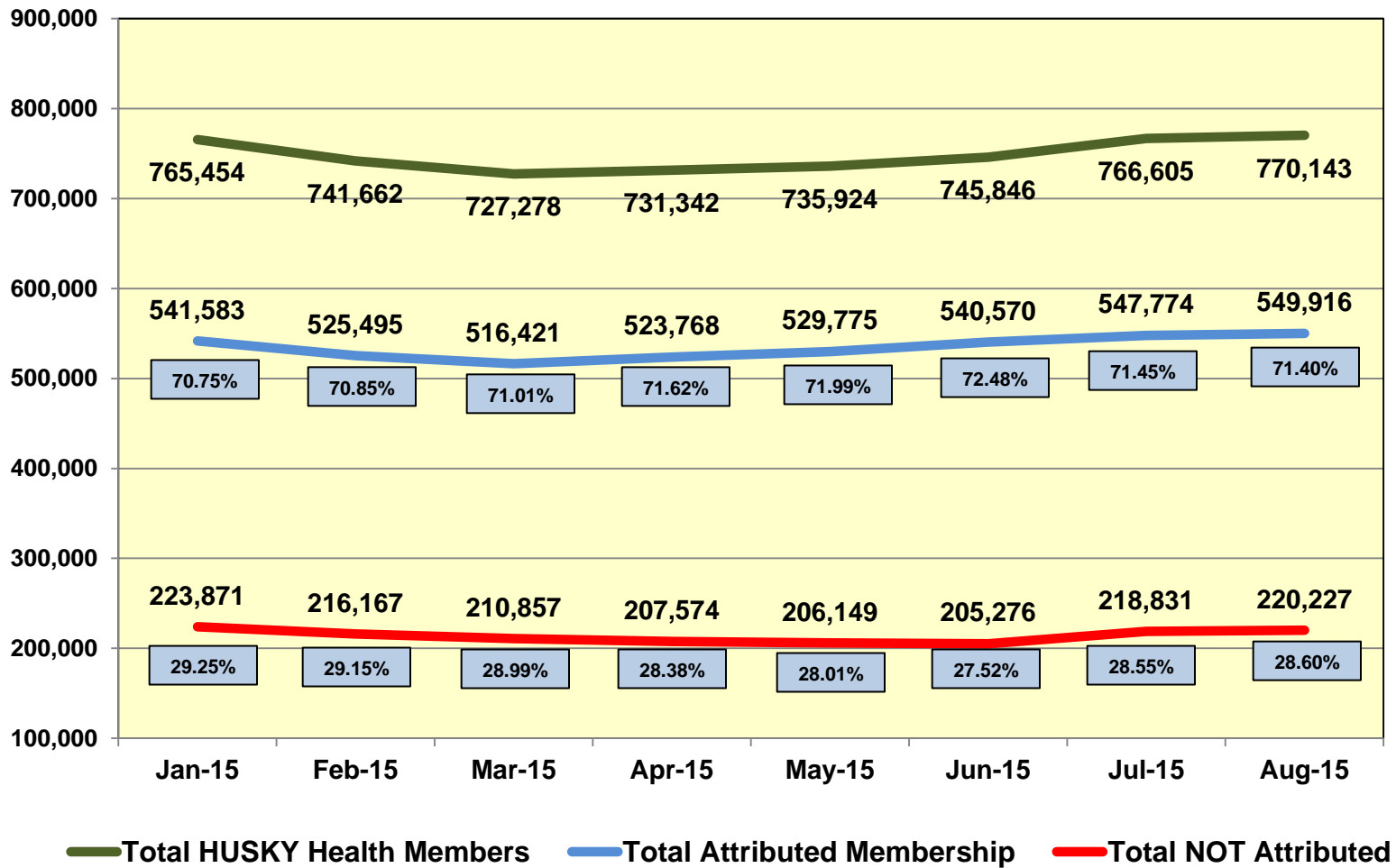
CPTS Pre-Glide Path Activity

2,017 Contacts
with
104 Practices

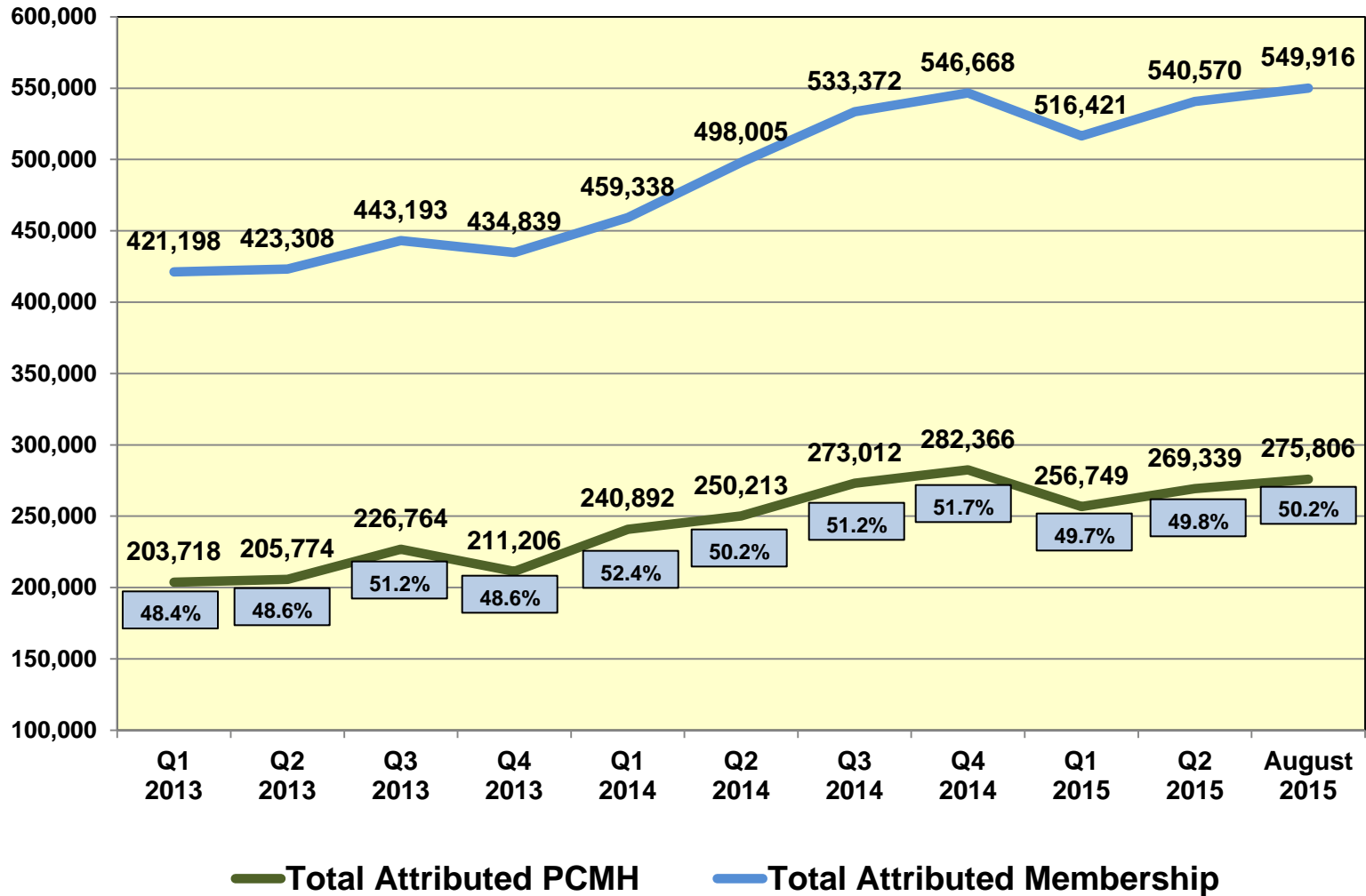


589 Telephonic Contacts
1,137 Email Contacts
102 Initial Practice Visits
189 Follow-Up Practice Visits

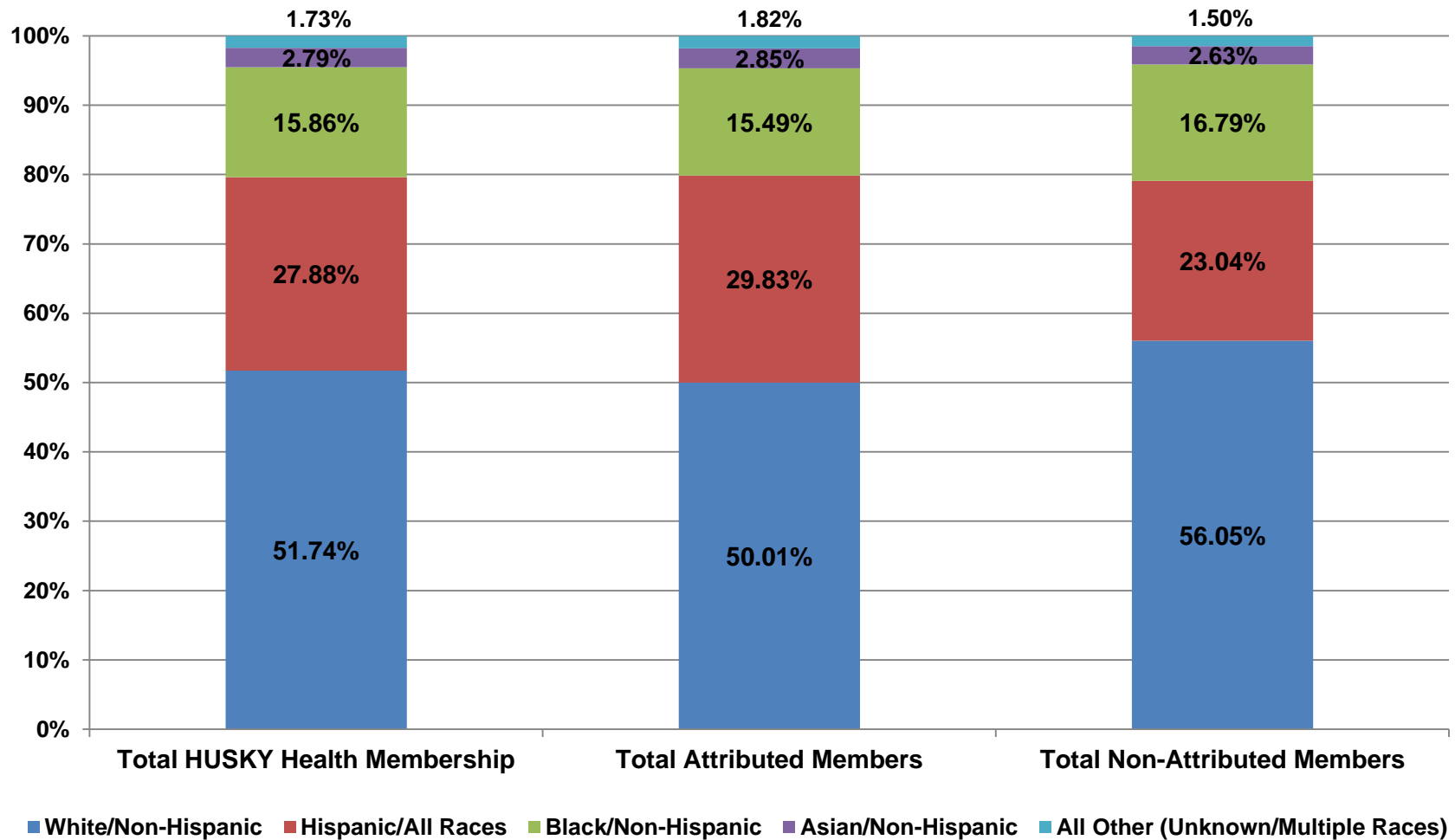
Total "HUSKY Health Members" Vs Total "Attributed Members" and "Non-Attributed Members" Jan/2015 to August/2015



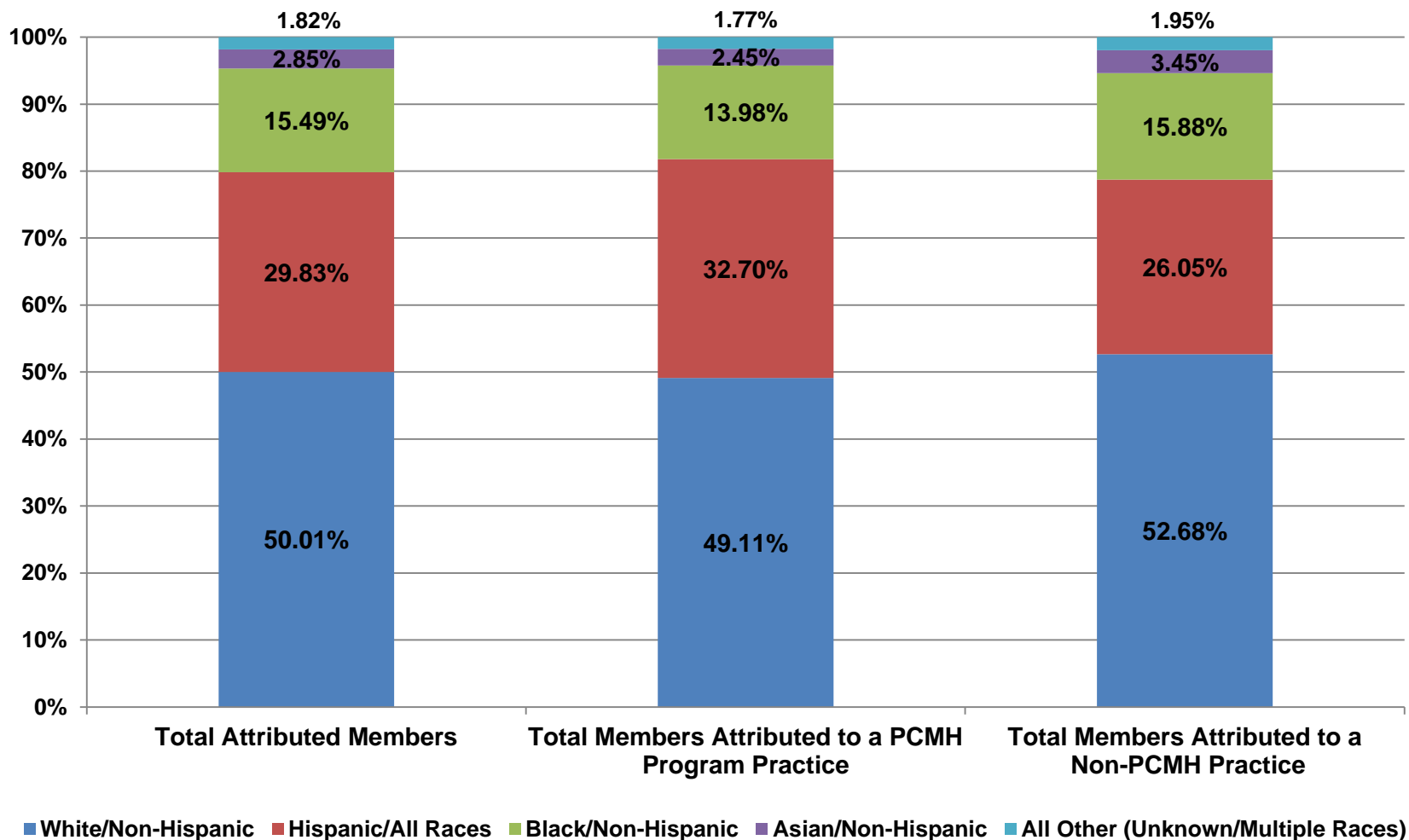
Total PCMH Attributed Members Vs Overall Total Attributed Members By Quarter from January/2013 to August/2015



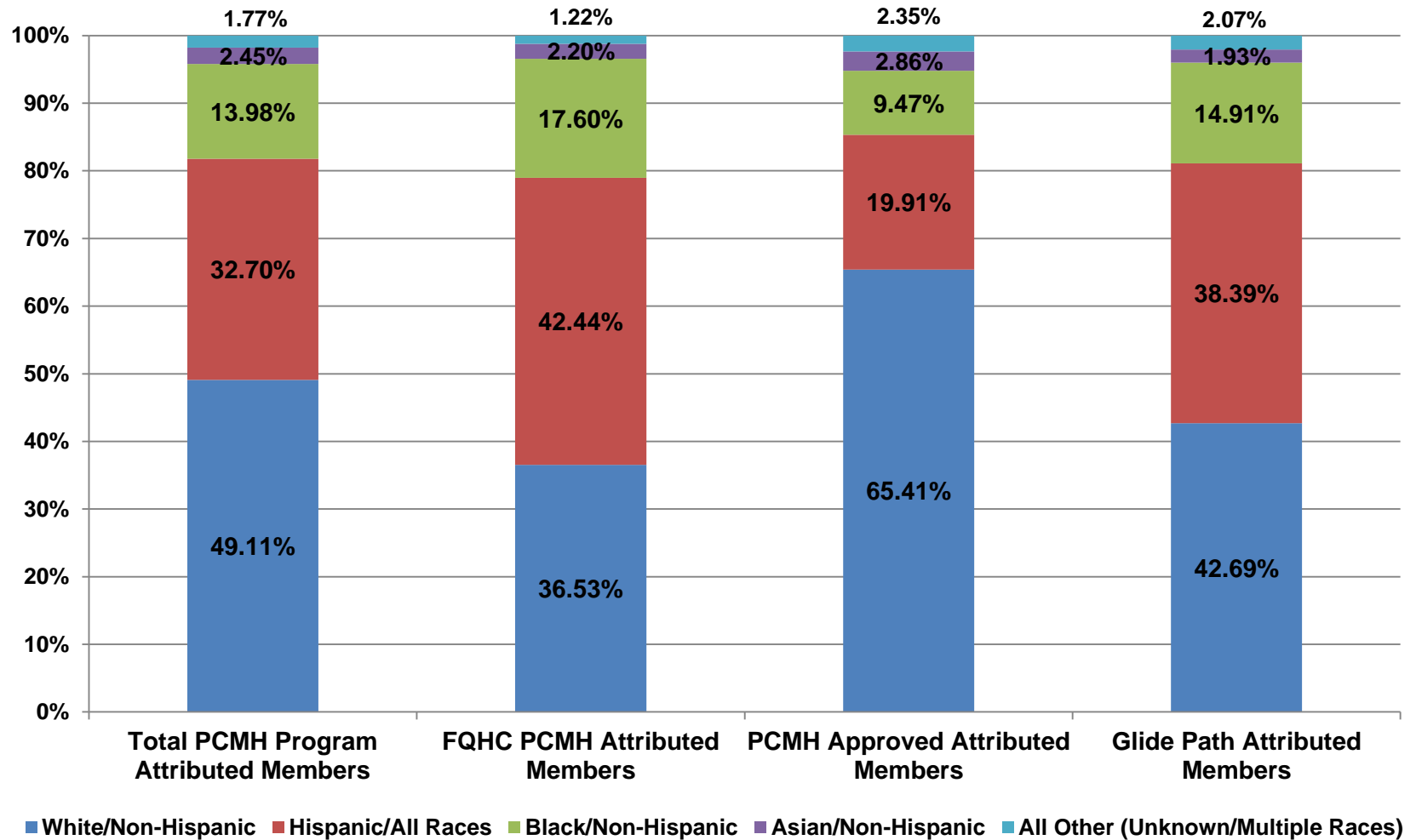
August 2015 Member Attribution Race/Ethnicity Comparison Total Attributed and Non-Attributed Members



August 2015 Member Attribution Race/Ethnicity Comparison Attributed to PCMH and Non-PCMH Practices



August 2015 Member Attribution Race/Ethnicity Comparison of PCMH Program Attributed Members by Program



PCMH Program Recruitment Update

- Since the program began recruitment outreach has steadily increased:
 - Contacted since 1/1/2012 = 311 practices
 - Newly enrolled as of 1/1/2015 = 11 practices
 - Currently enrolled = 98 practices
 - Possible recruitment opportunities = 89 practices
 - 53 open practices (“Hot” & “Actively Engaged” Prospects)
 - 36 watch-list practices (“Tentative” Prospects)
 - Possible recruitment opportunities with EHRs = 80 practices or 90%

PCMH Program Recruitment Update – *cont.*

- August 2015 HUSKY Health member attribution indicates the following:
 - 29% of the members are not attributed to any PCP (220,227 members) i.e., visits with specialists, no qualified visits, new members
 - 71% of the members are attributed to a PCP (549,916 members)
 - 50% of the attributed members are attributed to a PCMH, Glide Path or FQHC practice (275,806 members)
 - 50% of the attributed members are attributed to a non-PCMH practice (274,110 members)

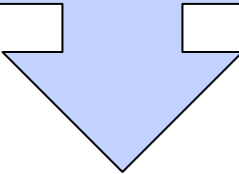


PCMH Program Recruitment Update – *cont.*

- The potential pool of 89 practices for recruitment have 101,163 members
 - We anticipate 9 of the 89 non-PCMH practices will submit PCMH program applications by 12/31/2015 yielding approximately 14,531 more PCMH members
 - The remaining 80 non-PMCH practices have approximately 86,632 members
- Recruitment and outreach will continue with the 80 non-PCMH practices and the results of these efforts will be reported

PCMH Program Recruitment Update – *cont.*

89 Potential Practices
101,163 Attributed Members
743 Providers



**9 “Hot Prospects”
by 12/31/2015**
14,531 Attributed Members
120 Providers

**44 “Actively Engaged
Prospects”**
47,602 Attributed Members
411 Providers

36 “Tentative Prospects”
39,030 Attributed Members
212 Providers

PCMH Program Recruitment Update – cont.

5. Western Region

“Hot” Prospects

3 Practices (52 Providers; 6,834 Members)

Actively Engaged Practices

9 Practices (61 Providers ;4,813 Members)

Tentative Prospects

7 Practices (47 Providers;10,514 Members)

4. North Central Region

“Hot” Prospects

2 Practices (9 Providers;1,361 Members)

Actively Engaged Practices

7 Practices (40 Providers; 6,737 Members)

Tentative Prospects

7 Practices (74 Providers; 6,717 Members)

2. South Central Region

“Hot” Prospects

2 Practices (2 Providers;2,306 Members)

Actively Engaged Practices

14 Practices (185 Providers; 20,750 Members)

Tentative Prospects

10 Practices (35 Providers; 7,851 Members)

3. Eastern Region

“Hot” Prospects

0 Practices

Actively Engaged Practices

4 Practices (8 Providers; 609 Members)

Tentative Prospects

4 Practices (17 Providers; 3,463 Members)

1. Southwest Region

“Hot” Prospects

2 Practices (57 Providers; 4,030 Members)

Actively Engaged Practices

10 Practices (117 Providers; 14,693 Members)

Tentative Prospects

8 Practices (39 Providers; 10,485 Members)



Practice Setting Outcome Comparison:

PCMH vs. Non-PCMH Community Based Practice

Emerging trends show encouraging results

- During Calendar Year (CY) 2013 the PCMH practice setting out performed the Non-PCMH setting in 20 of the 36 health quality measures (55.6%)
- PCMH setting has a lower ED utilization rates and a lower 30-Day Readmission rate when compared to the Non-PCMH Setting
- PCMH vs Non-PCMH and Statewide Results:
 - Chronic condition measures are showing signs of improvement
 - PCMH practice setting led in well-child related measures
 - Behavioral health measures related to antidepressant medications begin to show promise

Practice Setting Outcome Comparison:

Selected Cost & Utilization Driver Related Quality Measures

Selected Cost & Utilization Driver Measures - CY 2013

Measure Name	PCMH		Non-PCMH		Statewide Rate		Variance	
	Denominator	Rate	Denominator	Rate	Denominator	Rate	PCMH vs. Non-PCMH	PCMH vs. Statewide
Ambulatory Care-ED Visit per 1,000 MM	656,079	67.8	2,031,263	68.1	7,116,587	78.7	-0.3	-10.9
Asthma Patients with One or More Asthma-Related Emergency Room Visits	5,012	8.6%	14,341	10.6%	42,982	12.0%	-2.0%	-3.4%
Readmissions Within 30 Days (BH/PH)	6,699	11.4%	20,707	12.1%	93,242	12.4%	-0.7%	-1.0%

*** A lower rate indicates better results for all measures ***

Ambulatory Care - ED Visits per 1000 MM (PCMH measure is 0-19 years of age for children and 20 and older)

The rate of ED visits per 1000 member months among all HEDIS age groups. Does not include behavioral health or chemical dependency services.

Asthma Patients with One or More Asthma-Related Emergency Room Visits

Annual Percentage of Asthma Patients (2-20) with One or More Asthma Related Emergency Room Visits.

Readmissions within 30 Days (MMDLN)

The percentage of hospital readmissions within 30 days of discharge. Includes both physical and behavioral health.

Practice Setting Outcome Comparison:

Selected Chronic Condition Related Quality Measures

Selected Chronic Condition Related Measures - CY 2013

Measure Name	PCMH		Non-PCMH		Statewide Rate		Variance	
	Denominator	Rate	Denominator	Rate	Denominator	Rate	PCMH vs. Non-PCMH	PCMH vs. Statewide
Cholesterol Mgmt for Pts w/CV Conditions - LDL-C Screening	357	73.8%	1,055	70.9%	3,698	73.5%	2.9%	0.3%
Comprehensive Diabetes Care - Eye Exam	1,981	54.7%	5,588	50.7%	21,925	48.4%	4.1%	6.3%
Comprehensive Diabetes Care - LDL Screen	1,981	74.7%	5,588	67.1%	21,925	67.9%	7.6%	6.8%

Notes:

Duals Members excluded

Dates of Service 1/1/2013 - 12/31/2013

Administrative (claims only) rates were used for all measures

Cholesterol Management for Patients With Cardiovascular Conditions - LDL Screening	The percentage of members 18-75 years of age who were discharged alive for AMI, coronary artery bypass graft (CABG) or percutaneous coronary interventions (PCI) from January 1-November 1 of the year prior to the measurement year, or who had a diagnosis of ischemic vascular disease (IVD) during the measurement year and the year prior to the measurement year, who had an LDL-C screening during the measurement year.
Comprehensive Diabetes Care - Eye Exam	The percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had an eye screening for diabetic retinal disease. This includes diabetics who had one of the following: a retinal or dilated eye exam by an eye care professional in the measurement year, or a negative retinal or dilated eye exam by an eye care professional in the year prior to the measurement year.
Comprehensive Diabetes Care - LDL Screening	The percentage of members 18-75 years of age with diabetes (type 1 and type 2) who had an LDL-C screening test performed during the measurement year.

Practice Setting Outcome Comparison:

Selected Well-Child Related Quality Measures

Selected Well-Child Related Measures - CY 2013

Measure Name	PCMH		Non-PCMH		Statewide Rate		Variance	
	Denominator	Rate	Denominator	Rate	Denominator	Rate	PCMH vs. Non-PCMH	PCMH vs. Statewide
Well-Child Visits in 1st 15 Months - 6+ Visits	6,901	82.2%	23,682	76.0%	62,150	72.0%	6.2%	10.2%
Well-Child Visits 3-6 Years - 1 or More Visits	1,862	84.3%	5,618	81.3%	14,641	77.9%	3.0%	6.4%
Adolescent Well-Care Visits - 1 or More Visits	10,738	69.1%	37,716	66.5%	110,252	57.9%	2.6%	11.2%

Notes:

Duals Members excluded

Dates of Service 1/1/2013 - 12/31/2013

Administrative (claims only) rates were used for all measures

Well-Child Visits in the First 15 Months of Life - 6 or More Visits	The percentage of members who turned 15 months old during the measurement year and who had 6 or more well-child visits with a PCP during their first 15 months of life.
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	The percentage of members 3-6 years of age who had one or more well-child visits with a PCP during the measurement year.
Adolescent Well Care	The percentage of enrolled members 12-21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

Practice Setting Outcome Comparison:

Selected Behavioral Health Related Quality Measures

Selected Behavior Health Related Measures - CY 2013

Measure Name	PCMH		Non-PCMH		Statewide Rate		Variance	
	Denominator	Rate	Denominator	Rate	Denominator	Rate	PCMH vs. Non-PCMH	PCMH vs. Statewide
Antidepressant Med Mgmt - Acute	1,170	64.3%	2,152	61.8%	8,634	61.8%	2.5%	2.5%
Antidepressant Med Mgmt - Continue	1,170	48.6%	2,152	47.7%	8,634	46.8%	0.9%	1.8%

Notes:

Duals Members excluded

Dates of Service 1/1/2013 - 12/31/2013

Administrative (claims only) rates were used for all measures

Antidepressant Medication Management - Acute Phase

The percentage of members 18 years of age and older newly diagnosed and treated for major depression and who remained on antidepressant medication for at least 84 days (12 weeks).

Antidepressant Medication Management - Continuation Phase

The percentage of members 18 years of age and older newly diagnosed and treated for major depression and who remained on antidepressant medication for at least 180 days (6 months).



Integrating Behavioral Health with Primary Care

DSS and PCMH Team assisting primary care providers with integrating behavioral health in the medical home

- Emphasis placed on assessing outcomes related to behavioral health
- Bridging behavioral and physical health is gaining momentum as a key approach in treating the whole-person
- Since late 2013, efforts were focused on creating learning tools for all PCMH program participants
- Additional awareness, collaborative, and educational opportunities are being developed to ensure PCMH practices remain connected to the concept of integration

QUESTIONS

